



PROGRAM REGISTRATION FORM

Complete all information, print out form, sign and return to office with payment
All highlighted items must be completed for valid registration. Incomplete forms will be returned.

Select program from drop down menu.

If program is not listed you may not use this form.

Activity # _____

First Name _____ Last Name _____ MI _____

Home Address _____ City _____ Zip _____

Mailing Address if different _____ City _____ Zip _____

Home Phone _____ Parent Work Phone _____ M/F _____ Age _____ Birthday (MM/DD/YYYY) _____

School Player Attends _____ Closest Elementary School _____ Grade _____ Shirt Size _____

GUARDIAN/MEDICAL/ASSIGNMENT INFORMATION:

Father's Name _____ Occupation _____ Bus. Phone _____

Mother's Name _____ Occupation _____ Bus. Phone _____

List any medical problems or prohibitions player has _____

Person to notify in emergency _____ Telephone _____

Doctor to notify in emergency _____ Telephone _____

AGREEMENT AND RELEASE OF LIABILITY As the parent or guardian of a minor child (hereafter "my child") participating in activities of the City of Lodi, Parks and Recreation Department, I hereby waive and release any claims I or my child may have now or in the future, against the City and its officers, employees, contractors, servants and agents (hereafter referred to collectively as "the City") arising from injuries to my child or damages to my child's or my property, sustained while my child is (1) at the City's facilities, (2) participating in the City's activities, or (3) being transported to or from the facilities or activities, regardless of whether such injuries or property damage is caused in whole or in part by the City's alleged active or passive negligence. As lawful consideration for my child being permitted to participate in this activity, my child and I agree to release from legal liability and agree not to sue the City of Lodi.

In the event of an injury to my child, I hereby give the City permission to arrange transportation for my child to a hospital, and/or provide my child with EMERGENCY treatment or first aid, although I understand that the City does not assume any responsibility to take any of these actions.

I hereby give the City of Lodi and the Parks and Recreation Department full permission to use, publish and copyright photographic prints or other reproductions from all negatives made of me, either in conjunction with or without using my name for publication, promotion, advertising or display purposes.

This waiver and release shall be valid for the duration of the sessions in which my child is enrolled. I have carefully read this waiver and release and agree to the terms stated and understand that this contract is legally binding and that my child and I are releasing legal rights by signing it. I certify that I am the parent or legal guardian of the child whose name is listed above.

Parent/Legal Guardian (Please print) _____ Signature _____ Date _____

ASSISTANCE/SUPPORT: We ask your active participation in our programs. Please check area(s) in which you can and would be willing to help.

☐ Head Coach ☐ Assistant Coach ☐ Team Parent ☐ Other _____

For Office Use only

Birth registration verified ☐ Yes ☐ No Initial _____

Date _____ Amount \$ _____ Check # _____ ☐ Cash ☐ Charge ☐ RFP